

**CITY OF SEDRO-WOOLLEY**  
**325 METCALF STREET**  
**SEDRO-WOOLLEY, WA 98284**

**AUTHORIZATION AND ENROLLMENT FORM**  
**AUTOMATIC FUNDS TRANSFER**

Customer Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Service Address \_\_\_\_\_

I hereby authorize the **City of Sedro-Woolley** to automatically withdraw from my account identified below, the total amount due on my sewer and garbage statement. I authorize the Financial Institution named below to accept such transactions initiated by the **City of Sedro-Woolley**. The withdrawal shall be made from my account on the 25<sup>th</sup> of each month, or on the next business day following should the 25<sup>th</sup> fall on a weekend or holiday.

This authorization is to remain in effect until the **City of Sedro-Woolley** has received written notification from me (or either of us) of termination thirty (30) days before the withdrawal date.

Financial Institution Name \_\_\_\_\_

Branch \_\_\_\_\_ Branch Phone \_\_\_\_\_

Type of Account Checking \_\_\_\_\_ Savings \_\_\_\_\_

ABA/Transit # \_\_\_\_\_  
(First 9 numbers on the bottom of the encoded line of the check or withdrawal slip)

Account# \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

2<sup>nd</sup> Signature on Account (if any) \_\_\_\_\_

**\*\*PLEASE ENCLOSE A VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP\*\***  
**RETURN ORIGINAL (WHITE)-KEEP COPY (YELLOW) FOR YOUR RECORDS**  
**PLEASE ATTACH A COPY OF VOIDED CHECK**